

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/17/2016  
FORM APPROVED  
OMB NO. 0938-0301

45th 7/23/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/08/2016
NAME OF PROVIDER OR SUPPLIER  RAINTREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 415 PACE STREET MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	This plan of Correction is submitted as required under the State and Federal law. The facility's submission of the Plan of Correction does not constitutes an admission on the part of the facility that the findings are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding taken:		
F 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide Physician's Progress Notes for 1 resident (#60) of 20 residents reviewed for stage 2.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #60 was re-admitted to the facility on 7/1/15 with diagnoses including Dementia with Behavioral Disturbance, Chronic Obstructive Pulmonary</p>	F 514	<p>1) The progress notes for resident #60 for 2/4/2016, 3/10/2016, 4/14/2016 and 5/19/2016 were obtained from the Medical Director and placed in the resident's medical record on 6/17/2016.</p> <p>2) A 100 % audit was completed on 6/21/2016 of all medical records for completed Medical Director Progress notes. Results of audit, revealed 3 medical records requiring progress notes were identified. Progress notes of those 3 residents were</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUN 30 2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 514	<p>Continued From page 1</p> <p>Disease, and Rheumatoid Arthritis.</p> <p>Medical record review of Resident #60's Physician's Progress Notes revealed no Physician Progress Notes from Resident #60's Primary Care Physician (PCP) for 2016.</p> <p>Interview with the Medical Record Director on 6/8/16, at 11:00 AM, in the conference room revealed Resident #60 had been seen by his PCP on 2/4/16, 3/10/16, 4/14/16, 5/19/16, with no progress notes from his PCP.</p> <p>Telephone Interview with Resident #60's PCP/Facility Medical Director on 6/8/16 at 11:30 AM, confirmed no progress notes were placed in Resident #60's medical chart from him for 2016.</p>	F 514	<p>obtained by the Medical Director on 6/21/2016 and placed in the residents 'medical record.</p> <p>3) Medical Director was educated on expectations of timeliness on 6/21/2016 by the Administrator. Medical Records Director educated by Administrator on ensuring timeliness of receipt of progress notes from Medical Director.</p> <p>Medical Records to receive a list of all residents seen by Medical Director during facility rounds. Medical Records/designee to ensure progress notes are obtained within 7 days of visit. Medical Records Director will report to Administrator any issues regarding timeliness of progress notes.</p> <p>4) Medical Records Director/designee will report monthly on progress note compliance to Quality Assurance Performance Improvement Committee consisting of The</p>		

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